

GENERAL SCAFFOLD CHECKLIST

Shop/Code/WC: _____ Activity: _____

Competent Person assigned to the job: _____

Location of Scaffold: _____

Date to be erected: _____

Date disassembled: _____

Was the Safety Department notified <u>before</u> scaffolding was erected?	Date: _____
Was the Competent Person on site during erection, modification, and/or dismantling of scaffolding?	
Were daily checks conducted and log annotated by a Competent Person?	
Are guardrails and mid rails on open sides provided? Are toeboards installed?	
Are damaged scaffold members immediately repaired or taken out of service? If yes, describe on back side of checklist.	
Is there an access ladder or equivalent safe access provided?	
Are scaffold legs sound, rigid, and capable of carrying the maximum intended load? Is it properly braced by cross braces and/or diagonal braces to ensure scaffold is plumb, square, and rigid?	
Is scaffold grade planking being used?	
Are poles, legs, or uprights of scaffolds plumb, and securely and rigidly braced to prevent swaying and displacement?	
Is a tag line provided to hoist material onto the scaffold?	

NOTE: If scaffold is used for more than one day, daily checks are required to be conducted by the Competent Person and check(s) shall be annotated on the back of this checklist. Oversight inspector's name and date shall also be annotated on the reverse side of this checklist.

Enclosure (1)

DAILY LOG

DATE

PRINT NAME & INITIAL

SHOP/CODE/WC

Remarks:

Supervisor signature: _____ **Date:** _____

Reminder: Supervisor shall forward completed checklist to COMNAVREG Safety Department C/N468 after review is completed.